

PROJECT HOPE

**APPLYING LESSONS-LEARNED TO DEVELOPING
SUSTAINABLE CHILD SURVIVAL AND MATERNAL
CARE SERVICES WITH THE AGRICULTURAL ESTATES
OF PRESS COMPANY IN KASUNGU, MALAWI**

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APPENDICES

**Appendix A: Summary of activities planned and those
implemented in the 4th project year**

Appendix B: Immunization schedule sessions for 2002

ACRONYMS

| | |
|--------|--|
| AIDS: | Acquired Immune-deficiency Syndrome |
| ARI | Acute Respiratory Tract Infections |
| BCC: | Behaviour Change Communication |
| CBDAs: | Community Based Distribution Agency |
| CHAPS | Community Health And Partnerships |
| CHC: | Community Health Committee |
| CPR: | Contraceptive Prevalence Rate |
| CS: | Child Survival |
| CSMC | Child Survival and Mother Care |
| CYP: | Couple Year of Protection |
| DHMT | District Health Management Team |
| DHO: | District Health Officer |
| DIP: | Detailed Implementation Plan |
| EPI | Expanded Programme On Immunization |
| FP | Family Planning |
| HIS: | Health Information System |
| HIV: | Human Deficiency-deficiency Virus |
| HOPE | Health Opportunities for People Everywhere |
| HSA: | Health Surveillance Assistant |
| IEC | Information Education and Communication |
| IMCI: | Integrated Management of Childhood Illnesses |
| KCSP: | Kasungu Child Survival Programme |
| KPC: | Knowledge, Practice and Coverage |
| LOP: | Life Of Programme |
| MA: | Medical Assistant |
| MOHP: | Ministry of Health and Population |
| MRM: | Mother Reminder Material |
| MTE: | Mid-Term Evaluation |
| OM | Operations Manager |
| OPD | Out Patient Department |
| ORDP: | Oral Rehydration Distribution Point |
| ORS | Oral Rehydration Salt |
| PAL: | Press Agriculture Limited |
| PVO | Private Voluntary Organization |
| SP | Sulphurdoxine Pyrethimine |
| STI | Sexually Transmitted Infections |
| TBA: | Traditional Birth Attendant |
| TfT: | Training for Transformation |
| TTV | Tetanus Toxoid Vaccine |
| UNICEF | United Nations Children's Fund |
| USAID: | United States Agency for International Development |
| VCT | Voluntary Counseling and Testing |

A. INTRODUCTION

1. Goal of the Project

The goal of the Child Survival Project in Kasungu is to reduce maternal, infant, and child mortality and morbidity among the residents of the 34 tobacco and coffee estates of Press Agriculture in Kasungu district, Malawi.

2. Implementing Partners

The project-implementing partners are Press Agriculture Limited (PAL), the district office of the Ministry of Health, UNICEF and Project HOPE. However, the main partnership is between Project HOPE and Press Agriculture Limited. The roles and responsibilities of the primary partners as spelt out in the Memorandum of Understanding are:

Press Agriculture:

1. Hire, as full-time Press Agriculture employees, 15 HSAs, and maintain this staffing level.
2. Expand health care services on the estates to include maternal care
3. Provide adequate clinical staffing levels and maintain adequate drug supplies
4. Support the training of the HSAs and clinic staff
5. Assure emergency transport
6. Serve as an equal partner in all aspects of project activities

Project HOPE:

1. Provide technical support and training to all cadres of health personnel and volunteers on the estates.
2. Provide and maintain HSA bicycles for the duration of the project
3. Serve as liaison between Press Agriculture and other organizations, both public and private, that provide health services
4. Assist Press Agriculture in building its capacity to develop, maintain and improve health services on the estates.

In addition to Press Agriculture and Project HOPE, the DHMT (District Health Management Team) and UNICEF have had influence on project activities. UNICEF activities have included Well Child activities with a focus on immunization; malaria prevention and treatment; micronutrients; control of diarrheal diseases; and breastfeeding. To support these activities throughout the year, UNICEF provided vaccines, Vitamin A capsules, and iron folate tablets.

This year the DHO made regular visits to estate clinics to provide clinical oversight to all community level volunteers (CBDAs, CHCs, ORDP volunteers, and others). In addition the DHO, was a member of the project's Steering Committee.

For most part of the year, the partnership worked very well with all parties attending project steering committees where problems and issues were discussed and joint recommendations drawn. One of the key recommendations was to put in place sustainability measures that would enable PAL to continue the activities that were initiated by the project. The meeting to discuss sustainability plans took place in November 2001. Due to PAL's perennial economic problems, most of the key suggestions were not implemented as explained below.

Towards the end of the year, in August 2002, PAL's economic problems came to a head resulting in the management of the company being taken over by another private company, Limbe Leaf. The takeover from August 15, 2002 included restructuring which resulted in redundancy of all staff including HSAs and volunteers. By the end of October 2002, the HSAs and some volunteers had not been re-instated, and therefore not performing any activities. Meanwhile the remaining volunteers were providing services in the fewer areas that they could reach. The DHO has been approached to allow Government HSAs to provide services to the estate clinics that are close to their catchment areas. This has resulted in the provision of services in selected areas only.

B. FACTORS THAT IMPEDED PROGRESS TOWARDS ACHIEVEMENT OF OBJECTIVES AND ACTION TAKEN

The following are details on the constraints the program faced:

- a. From the inception of the programme, each clinic was supposed to be staffed by a medical assistant and a nurse. The medical assistant was supposed to provide outpatients consultation services while the nurse provided maternal care services, antenatal and family planning. There has been one medical assistant in one clinic and the other clinic has had one nurse only. The nurse has been carrying out the OPD consultations as well while antenatal care was not provided at the other clinic. The medical assistant there is not trained to provide antenatal care.

This understaffing level compromised the quality of services and had a negative impact on progress towards achievement of objectives. This situation saw the clinics being closed each time the staff members left for e.g. training, leave. The lack of provision of services during those times meant reduction in the clients that accessed services thus contributing to slow progress toward achievement of some objectives.

Action Taken

On several occasions and during steering committee meetings, Press Agriculture was informed about the importance of increasing the staffing levels. They eventually advertised the posts late in the year and unfortunately the change over of management overtook this process, which was never implemented in the end.

-b. During an institutional assessment and a technical review of the programme, which took place in December 1999 to January 2000 and April 2002 respectively it was noted that there was no representation of a senior health person at Press Agriculture management level and therefore a recommendation was made to employ senior level health staff to oversee project activities. This resulted in a lack of budget for health services due to lack of representation at management level in PAL. This factor is important for the sustainability of the activities that have been initiated by this program.

Action Taken

Following several meetings to discuss the need for a senior health person who would supervise health activities within PAL and represent the department of health in management, PAL agreed in principle to employ the person in February 2002. A job description was drafted in June 2002 and in view of PAL's economic problems, Project HOPE had offered to pay the salary for the person for the first year but this again was overtaken by the change over of management. This will result in lack of adequate supervision from within general farming for all the clinic and community staff.

-c. During this year, 3 key technical Project HOPE staff resigned leaving gaps that slowed down implementation of activities.

Action Taken

Most of the positions were replaced promptly however it takes time for a new member of staff to pick up the required speed of implementation hence delayed implementation of some activities.

C. PROGRAM OBJECTIVES AND ASSESSMENT OF PROGRESS
TOWARDS ACHIEVEMENT

| DIARRHEAL DISEASE | | |
|--|---|--|
| Objectives | Progress toward Achievement is On Target | Comments |
| Increase from 18% to 30% the percent of mothers that breastfed their child more than usual during a diarrheal episode. | YES | Currently, there is no data available. However, IEC included need for continued breastfeeding more than usual during and after a diarrheal episode. Women generally continue breastfeeding when a child has diarrhea. |
| Of women already giving fluids to children <4 months of age, increase from 13.3% to 50% the percent giving the same or more fluids during a diarrheal episode. | NO | IEC on diarrhea did not specify that women who are already giving fluids to children less than 4 months of age should continue to do so after a diarrheal episode. The message given was rather women should exclusively breast feed for the first 6 months of life. |
| Of women already giving solid or semi-solid food, increase from 75% to 85% the percent giving the same or more solid or semi-solid foods during a diarrheal episode. | YES | IEC activities on diarrhea included information on need to increase more solid or semisolid foods during a diarrheal episode. |
| Increase from 66.5% to 75% the percent of women that have prepared ORS for treatment of diarrhea. | YES | No data pertaining to women who have prepared ORS. HSAs report on the number of cases of diarrhea among children aged less than two years old in their catchment area. There were 1314 reported cases of diarrhea among children aged less than two years in the catchment area. HSAs and ORDP Managers distributed 1366 sachets of ORS and demonstrated administration to caretakers. This is slightly less than 1383 sachets that were distributed last year. The availability of ORS has been erratic in the catchment area throughout the year. |

| | | |
|--|-----|--|
| Increase from 47.9% to 75% the percent of women who have prepared ORS that can correctly describe its preparation. | NO | The number of reported health talk sessions conducted by HSAs was 35 with 630 attending. Last year 42 talks were conducted with an attendance of 1144. There is a possibility that some health talks were given but were not documented. |
| Increase from 35.8% to 75% the percent of women who have prepared ORS that can correctly describe how to administer ORS. | NO | |
| Increase from 12% to 40% the percent of women that can name at least 3 danger signs of diarrhea that would cause them to seek advice or treatment. | YES | |
| Increase from 12% to 40% the percent of women that can name at least 3 important actions a mother should take when a child is experiencing diarrhea. | YES | No data available for the specified indicators. |
| Increase from 11% to 40% the percent of women who can name at least 3 ways to prevent diarrhea. | NO | |

| EPI | | |
|--|---|---|
| Objectives | Progress toward Achievement is On Target | Comments |
| Increase from 66% to 80% the percent of children 12 to 23 months of age that are completely vaccinated | YES | The vaccination regime in the country is completed by 10 months of age. HSAs use family registers to update the immunization status of children in their catchment area. This information is reported to the program HIS through the HSA Consolidated Form. The number of children 10-23 months of age who completed immunization is 1773, less than 2473 immunized in the previous year. The two static clinics and the nine-outreach clinics have brought vaccination points closer to mothers of under-five children. The clinics have refrigerators, which are expected to improve the cold chain at both estate clinics. |
| Decrease from 21.2% to 20% the dropout rate for immunizations. | YES | With the introduction of 3 more outreach clinics to total 9, more children should have access to immunizations. |

| BREASTFEEDING | | |
|--|---|---|
| Objectives | Progress toward Achievement is On Target | Comments |
| Increase from 11% to 25% the percent of mothers that exclusively breastfeed to 4 months of age | NO | The project is conducting IEC on exclusive breast-feeding for the first 6 months of life. This has been intensified with the introduction of PMTCT activities to the programme. The message being given is that mothers who do not know their HIV status should exclusively breastfeed. Most of the mothers in the programme area do not know their HIV status. |

| VITAMIN A/IRON FOLATE | | |
|--|---|--|
| Objectives | Progress toward Achievement is On Target | Comments |
| Increase from 35.3% to 75% the percent of children older than 6 months of age that received vitamin A supplementation in the last 6 months previous to the survey. | NO | The HIS is tracking postnatal mothers only. No data available for children but the children are receiving vitamin A. Number of postnatal women who received Vitamin A was 391 out of 1450 representing 26%. |
| Increase from 12.7% to 40% the percent of mothers that can name at least 3 foods that contain vitamin A. | YES | HSAs conducted 21 health talk sessions (up from 19 last year) on vitamin A and Iron Folate Supplementation and 1002 people attended. |
| Increase to 75% the % of women receiving iron folate at every pre-natal visit. | YES | The number that received iron folate increased slightly from 1082 last year to 1164 this 4 th year. The expected population of pregnant women in the catchment area is 1450. The 1164 above are numbers of prenatal visits. It is not clear how many of these are second or third visits. |

| ARI | | |
|--|---|--|
| Objectives | Progress toward achievement is On Target | Comments |
| Increase from 63.9% to 85% the percent of mothers who sought treatment for their child's cough, rapid or difficult breathing. | YES | A marked increase of mothers 1241 sought treatment for their children. The available data is tracking children under 2 years of age not under five. In 3 rd Year 724 mothers sought treatment. |
| Increase from 49.2% to 75% the percent of mothers that sought treatment within 24 hours for children that experienced cough, rapid or difficult breathing. | YES | A total of 7 health talk sessions were recorded to have been conducted on ARI and attended by 751 mothers. Health education information included management and signs and symptoms of ARI. There is a marked decrease in the talks this year compared to 37 for 1761 mothers last year. More talks may have been given but not recorded. |
| Increase from 3.7% to 40% the percent of mothers that can name 3 appropriate ways to manage a child with cough, rapid or difficult breathing. | YES | |
| Increase from 25.7% to 40% the percent of mothers that can name 3 danger signs of respiratory infection that would cause them to seek advice. | YES | |

| MALARIA | | |
|---|---|---|
| Objectives | Progress toward Achievement is On Target | Comments |
| Increase from 51.7% to 85% the percent of mothers that know that malaria is transmitted by mosquitoes. | YES | HSAs held 21 health talks in the community on malaria with 617 people attending. Coincidentally, the same number of talks was recorded last year with a slightly lower attendance of 607. |
| Increase from 14.4% to 40% the percent of mothers that can name at least 3 appropriate ways to treat a fever (presumptive malaria). | YES | Very few people have been reached. 5 talks with 246 attendees out of 6670 women of childbearing population. Health education includes transmission of malaria, treatment of fever, SP doses, signs and symptoms and prevention of malaria |

| | | |
|--|-----|--|
| Increase from 10.8% to 50% the percent of mothers that give SP for a fever (presumptive malaria). | NO | The target may not be met because the availability of SP in hawkers within the estates is not guaranteed. Therefore it is not a common practice for women to buy SP and give to their children at home. However, IEC messages given included the treatment of malaria using SP and the doses of SP for children of different age groups. |
| Increase from 12.7% to 40% the percent of mothers that could name at least 3 signs of severe malaria. | YES | IEC on malaria included signs of severe malaria. |
| Increase from 4.3% to 40% the percent of mothers that could name at least 3 appropriate ways to prevent malaria. | YES | IEC on malaria included ways of preventing malaria. |

| <i>FP/MATERNAL CARE</i> | | |
|--|---|--|
| Objectives | Progress toward Achievement is On Target | Comments |
| Increase from 32.9% to 75% the percent of women who have ever been pregnant that have retained their antenatal card. | YES | Antenatal cards are incorporated in a booklet, which is being used for hospital consultations, family planning and antenatal care. It is easier to keep these booklets because they are bought and it is mandatory to produce this booklet at the clinic in order to be seen. This is assisting in increasing the number of women who have ever been pregnant and have retained their antenatal cards. |

| | | |
|--|-----|--|
| Increase from 65.5% to 85% the percent of women that have ever been pregnant that can demonstrate at least 3 doses of TTV. | YES | A total of 4122 doses of TTV given to pregnant women. The actual number of women who got 2 doses is not recorded. 2 doses are considered adequate for a current pregnancy in Malawi. A total of 5 doses signify complete protection from tetanus for life. |
| Increase from 35.2% to 50% the percent of women attended in their last delivery by a trained TBA, midwife, or doctor. | NO | There was a decrease in the number of women who were attended to by TBAs. 537 out of 1450 women (37%) attended by TBAs. Last year saw 737 women. The number recorded for stillbirths this year is 3. |
| Increase from 44% to 60% the percent of women/couples using a modern method of FP. | NO | 1151 out of 6670 (17%) using a modern FP method. The formula available is as follows: total number of women currently using a modern FP method divide by total number of women of child bearing age and multiply by 100. Reliable data for the number of women with children under two years who do not want children in the next two years would be obtained from a survey. In the 3 rd year, the number using FP was slightly higher, 1425. |

| HIV AIDS/STDs | | |
|--|---|---|
| Objectives | Progress toward Achievement is On Target | Comments |
| Increase from 21.3% to 50% the percent of women that can name at least 3 STD symptoms | YES | There was a significant increase in the number of HIV/AIDS and STI health education sessions this year, 105 up from 14 last year. |
| Increase from 23.4% to 50% the percent of men that can name at least 3 STD symptoms | YES | |
| Increase from 32% to 75% the percent of men who had experienced a STD symptom in the last 12 months that sought treatment at a health facility | YES | 156 men and women who experienced an STD symptom in the last 12 months and sought treatment at a health facility. Of these, there is, no indication of partner treatment. |
| Increase from 41.4% to 75% the percent of men who had a STD symptom in the last 12 months that informed their partner(s) | YES | |
| Increase from 27.8% to 40% the percent of men that can name at least 4 correct ways of transmitting HIV/AIDS | YES | |
| Increase from 14.8% to 40% the percent of women that can name at least 4 correct ways of transmitting HIV/AIDS | YES | |
| Increase from 19.6% to 40% the percent of men that can name at least 4 correct ways of avoiding HIV/AIDS | YES | |
| Increase from 18.5% to 40% the percent of women that can name at least 4 correct ways of avoiding HIV/AIDS | YES | |
| Increase from 21.4% to 35% the percent of men that state that they used a condom the last time they had sex with a non-regular partner | YES | The total number of condoms distributed was 34,560. This is higher than the number distributed in the third year, which was 20,000. |
| Increase from 33% to 50% the percent of women that state that they used a condom the last time they had sex with a non-regular partner | YES | |

D. TRAINING PLAN MATRIX ON YEAR 4

| Topic/Intervention | Trainee | Trainer | Dates/Length of Training | Materials | Techniques |
|--|---|--|---|--|---|
| Training in HSA methodology | 3 HSAs | MOH certified trainer and Project HOPE | January to March 40 days | MOH HSA training curriculum | Classroom training; practical at district hospital; role-plays |
| Drama Group initial training – , VCT, PMTCT. | 65 Adults from around Kasungu | Project HOPE MOH | June 4 – 11 for 5 days and June 17 – 22 for 5 days | PMTCT , VCT and edu-tainment drama curriculum | Community assessment; classroom; role-play; poems; debate; songs; drama |
| Initial Training in Syndromic Management of STDs | 10 participants including 1“new” medical assistant 1 new nurse | MOH | June 3 – 17 for 10 days | MOH training curriculum | Classroom training; practicals at hospitals |
| Initial Training in TBA Maternal Care Services | 40 TBAs | MOH certified trainer | October to November 2001 for 20 days | MOH TBA training curriculum | Lecture; practicals at district hospital maternity unit |
| Initial Training in CBDA methodology | 21 CBDAs and 1 HSAs | MOH certified trainer and Project HOPE | 17 March 2002 to 21 April 2002 for 15 days | Ministry of Health CBDA training curriculum | Classroom training; role-plays; demonstrations; practicals in the community |
| Refresher Trainings in TBA Maternal Services | 29 TBAs | MOH certified trainer | July 7- 20 2002 for 10 days | MOH TBA refresher training curriculum | Lecture; practicals at district hospital maternity unit |
| Refresher training on CBDA methodology | 21 CBDAs and 13 HSA | MOH certified trainer and Project HOPE | July 22 – 26 2002 for 5 days | MOH CBDA training curriculum; CBDA manual; counseling visual materials | Classroom training; role-plays; demonstrations; practicals in the community |

| Topic/Intervention | Trainee | Trainer | Dates/Length of Training | Materials | Techniques |
|---|---|---|--|---|--|
| CBDA supervision | 15 HSAs | MOH certified trainers | March 2002 for 15 days | Ministry of Health CBDA supervision curriculum | Classroom training; demonstration; role-plays; practicals in the community |
| HSA and general personnel supervision | 8 HSA supervisor candidates | MOH certified trainer | December 2001 to January 2002 for 15 days | Ministry of Health HSA supervisor training curriculum | Classroom training; demonstration; role-plays; practicals in the community |
| Computer skills; EpiInfo; Excel | 1 Program Manager; 4 Field Trainers; 1 HIS Specialist | Project HOPE and independent consultant | EpiInfo not Excel June 20 – 22 2002 for 2 days | EpiInfo and Microsoft materials | Classroom; demonstration; practicals with project reports and documents |
| ORS distribution point management – refresher training | 44 ORS distribution point managers and 1 HSA | Project HOPE | 27 to 29 May 2002 for 3 days | Developed | Lecture; demonstration; role-play; observation |
| Drama Group Refresher training HIV/AIDS/STDs and drama | 20 Adults | Project HOPE and MOH personnel | July 13 – 15 for 3 days | STD Drama Curriculum & Manual | Community assessment; classroom; role-play; poems; debate; songs; drama |
| Drama Group Refresher training HIV/AIDS/STDs and drug and alcohol abuse | 100 Youth | Project HOPE and MOH personnel | July 20 – 22 2002 for 3 days August 8 – 10 2002 for 3 days | STD Drama Curriculum & Manual | Community assessment; classroom; role-play; poems; debate; songs; drama |
| Hospital staff on Integrated infant feeding Baby Friendly Hospital and PMTCT. | 5 Nurses and 3 Clinicians. 2 Clinicians | Project HOPE | 1 st to 13 th July 2002-13 days 16 th to 28 th September 2002-13 days | Linkages Project curriculum | Lecture, group work, role-plays, demonstration, clinical practice and field trips. |

| Topic/Intervention | Trainee | Trainer | Dates/Length of Training | Materials | Techniques |
|---|--|--|--|---|--|
| Psychosocial counseling for hospital staff | 6 nurses and 4 clinicians | Project HOPE and Linkages certified trainers | 30 th September to 9 th November 2002, 33 days | Linkages project curriculum. | Lecture, group work, role-plays, demonstration, clinical practice and field trips. |
| Volunteer counselors in PMTCT, VCT and Home Based Care. | 21 volunteers | Project HOPE and MOH | 22 nd July to 7 th August 2002. 13 days | Curriculum developed by Project HOPE and MOH. | Lecture, group work, role-plays, demonstration, clinical practice and field trips. |
| Trainers in psychosocial counseling | 2 project HOPE staff 2 MOH clinicians | Linkages project certified trainers | 16 to 28 September 2002 12 days | Linkages Project curriculum | Lecture, group work, role-plays, demonstration, microteaching, individual assignments and field trips. |

See Annex A for a list of activities planned for the year and level of accomplishment.

E. TECHNICAL ASSISTANCE NEEDS

- a. Technical assistance was required for the training of staff in behaviour change communication/interventions. The Programme Manager attended a conference in South Africa in February 2002 but this did not develop adequate skills to enable him to conduct behaviour change training for other staff members. A technical support manager who could provide this assistance was hired towards the end of the project year. This requirement will be fulfilled in the coming year.
- b. Progress toward achievement of some objectives could not be ascertained due to lack of data. There was need for technical assistance in tracking and recording data that were pertinent for project indicators. The data collection tools need to be revised to enable capturing of all the data for the objectives.
- c. Planning program activities needed assistance as there was overloading of activities per quarter resulting in a lot of them not being achieved and failing to meet the standard targets that were required.

F. MID-TERM EVALUATION RECOMMENDATIONS AND IMPLEMENTATION

1. Finding

The MOH trains its Health Surveillance Agents to provide a variety of services in eight technical areas of primary health care. Given this policy, and the insistence of the DHO at the time, HOPE felt that it also had to include all of the 8 interventions in its proposal. While the integrated approach may be effective in the long term, it is unlikely that significant progress in any of the technical areas will be achieved in the relatively short timeframe of the project given the relatively low level of effort attributed to each intervention.

Recommendation:

The Program Manager should review the Public Health literature and confirm the primary (top 3-4) causes of infant and child morbidity and mortality in the Kasungu area. He should then orient his staff and as much as possible the HSAs to focus the majority of their time and energy on these technical areas.

Activities being undertaken:

The HSAs have focused on the top causes of infant and child mortality, which are: Malnutrition and anemia

- Malaria
- Diarrhea
- Acute respiratory infection

However there is need to collect data that will support these efforts since a lot of the health education sessions conducted have not been reported.

2. Finding

Under-five clinics have not been taking place in the Western Area of Press Agriculture, due to poor leadership and lack of motivation on the part of the Medical Assistant.

Recommendation

The Project Manager and the PAL contact person (Ben Mwage) should meet with the Area Development Manager from the Western Area and the Medical Assistant and organize for under-five outreach clinics to be re-initiated in a similar fashion as is being done in the Eastern Area. Progress should be monitored by the Project and results shared with PAL's Human Resources Manager.

Activities being undertaken:

The annual outreach schedules that were developed in the third year following the above recommendation were implemented in the fourth year. Under 5 outreach clinics were reintroduced in the Western area (Annex C).

3. Finding

The number of CBDAs (including HSAs) is too few. The demand for their services far outweighs their numbers. Requiring HSAs to assume the role of CBDAs has over burdened them. They cannot carry out their tasks effectively.

Recommendation

The project should recruit and train enough CBDAs so that there is one per estate (which might mean training a few extra). HSAs who now serve as CBDAs should revert to their role as HSA and CBDA supervisor only.

Activities being undertaken:

HSAs who were serving as CBDAs reverted to their role as HSAs and CBDA Supervisor in Year 3. In the 4th year 22 more CBDAs were trained in March 2002; after training, this additional number, each estate ended up with at least one CBDA with the exception of two estates that still had none. This assisted to bring FP services closer to the community members. CBDAs assisted 63.4% of all the family planning clients this year.

4. Finding

Project designers did not understand the role that PAL middle management (Area Development Managers, Operations Managers, and Estate Managers) would need to play for the success of the project. Their role was not defined in the proposal and PAL senior management did not adequately inform middle management about the project or their responsibilities to it. While most of the Estate Managers seem to understand the benefits of having a health delivery system on their estates, the lines of authority, and roles and responsibilities of these managers toward the project are still not clear. In some cases this has hindered project implementation and achievement of project objectives.

Recommendation

- Press Agriculture Limited needs to include the Project Manager in (part of) the monthly meetings with the ADMs, OM and Estate Managers. The purpose of his participation would be to clarify and define the Manager's role in the project. To do this, the Project Manager would only need to attend the part of the meeting concerning health services.
- Each time there is a training event or an activity, all of the estate managers should be clearly briefed as to the reason for the activity and how it will help improve the health of the workers and their families. They should be invited to "graduation/certification" events and installation of new health volunteers. Their role as partners with the project should be solidified.
- PAL should set up a system to recognize and provide an award to those estates that have the highest health status achievement among laborers. For example, best child immunization coverage; highest rate of family planning use; highest rate of condom use; highest attendance at outreach clinics etc.

Activities being undertaken:

- The Programme Manager was invited to all the meetings that were organised by Press Agriculture and attended some of them. Meetings that included project staff and estate managers were conducted quarterly to discuss planned activities and health problems in the estates. These meetings took place till August 2002 when Press Agriculture management changed.
- The estate managers were consulted each time there was a training event or activity to make sure the timing was convenient for their attendance.

PAL did not get to set up an award and recognition system due to lack of commitment and motivation related to financial problems.

5. Finding

Although a good part of the project depends on health education, there is no detailed and comprehensive BCC strategy. As a result, the staff, HSA's and community volunteer's activities are not coordinated and key barriers to behavior change may not have been identified. The staff does not appear to have the necessary experience in BCC strategy development to develop one on their own.

Recommendation:

The staff, with additional Technical Assistance, should develop a BCC strategy. Given the attention this would require, and that it should be considered a capacity building activity for the staff, it would be most effective if this exercise were undertaken off site (away from the office).

Activities being undertaken:

The then Program Manager attended a BEHAVE framework workshop in February 2002, which was supposed to help him facilitate the above process. However this did not take place as mentioned earlier and also because the Program Manager left the program due to illness.

This activity will be addressed early in the final year of the programme.

6. Finding

Each of the project's eight interventions has from 8 – 22 messages. While all of the messages are important to each intervention, they cannot all be considered "key messages". If the HSAs give equal importance and time to each message, they are unlikely to produce the desired behavior changes during the life of the project.

Recommendation:

The project staff should go through the list of messages in the DIP and identify those that are linked to the specific objectives (revised at the time of the MTE). These should be separated out from the rest of the messages (put at the top of the page and framed, for example) and identified as the "key" messages of the project. The reason for this should be discussed with the HSAs during a regular quarterly meeting, at which time the HSA's should be instructed to give these messages high priority when they are planning their schedule of health talks. These messages should be given more emphasis and communicated more frequently.

Activities being undertaken:

Messages were refined and implemented in the third year. Implementation continued in the fourth year.

7. Finding

At present there is no one who is technically qualified to supervise and oversee the functioning of the estate health services (clinics and the work of the Medical Assistants). Consequently, there is a lack of quality control, support for clinic staff, and coordination of activities. Furthermore, valuable assets, such as the ambulance are not being used effectively.

Recommendation

PAL should plan to hire a senior clinical officer to coordinate and oversee all health activities and to supervise Medical Assistants and HSAs.

Activities being undertaken:

As reported earlier, this recommendation was discussed and Press Agriculture agreed in principle to hire a senior health level manager. However due to overall economic problems being faced by PAL and subsequent change over in management, the hiring of a senior clinical officer was shelved indefinitely.

8. Finding

At present PAL does not have a line item in its budget designated for health service provision. As a result, planning for improvements in quality of care (implementation of IMCI, for example) is very difficult and occasionally there are inadequate financial resources to support quality service provision (adequate supply of drugs, supplies such as gloves and equipment such as a refrigerator).

Recommendation

The PAL Project Contact person and the KCSP Manager should work together to develop a tentative budget for health services on the estates. This should include the elements necessary to support implementation of IMCI (essential drugs, supplies and equipment in adequate quantities) in the two clinics (E/32 and E/80), an inter-estate emergency evacuation plan and on-going support for HSAs (spare parts for bicycles etc). This proposed budget should then be submitted to the PAL senior management and Board for review and modification if necessary and then adopted as part of PAL's operational budget.

Activities being undertaken:

The budget for health activities was drafted and submitted to Press Agriculture Limited management for review and adoption. The budget was adopted partially. PAL supported the provision of essential drugs and supplies. However PAL was unable to support the provision of spare parts for bicycles and inter estate emergency evacuation. Tractors were used to carry patients for emergency situations.

9. Finding

The project staff consistently considers sustainability issues when making programmatic decisions and the detailed implementation plan identifies some key elements required for long term continuation of the project. At present, however, the project partners have not joined forces to develop a detailed sustainability plan that includes objectives, strategies and a plan of action. Without such a plan there cannot be a cohesive and comprehensive effort among the partners to ensure the long-term viability of the health activities.

Recommendation

Project partners, including representatives from various levels of PAL management, need to dedicate some time together to develop a detailed sustainability plan and exit strategy. To increase the effectiveness of this exercise, it should be done "off site" away from distractions, and the work guided by an experienced facilitator who is somewhat familiar with the project and Press Agriculture. Once the plan is developed and agreed upon, the Steering Committee should monitor its execution on a quarterly basis.

Activities being undertaken:

The meeting to discuss sustainability plans took place in November 2001. Press Agriculture continued to have economic problems throughout the year resulting in the management of the company being taken over by Limbe Leaf Company. This will be followed up in the no-cost extension period.

10. Finding

The supervision plan presented in the DIP has not been respected and supervision at all levels is weak. Neither the Medical Assistants nor the HSAs have received training in supervision as planned (with the exception of specific CBDA supervision training), nor have the proposed protocols been developed.

Project trainers, instead of Medical Assistants are supervising HSAs, and HSAs are not effectively supervising community health volunteers. The continued provision of high quality health care depends on regular supervision.

Recommendation

- The project should organize a workshop with the project staff, the PAL medical assistants and the PAL contact person to develop a practical supervision plan. The details of the plan (who supervises whom, the frequency of supervision, the protocols to be used, the logistics required to implement the plan, training needed to develop skills etc) should be worked out to each participant's satisfaction.
- This plan should then be presented to the Steering Committee for approval and reports regarding its execution should be made at each subsequent meeting.

Activities being undertaken:

Supervisory checklists that were developed in the third year continued to be used in the fourth year.

A supervisory training for HSA supervisors was carried out in the first quarter of the 4th year. Eight HSAs were trained as supervisors and conducted their supervisory tasks. However, they reported the following difficulties in executing their supervisory tasks:

- ❑ The workload almost doubled because in addition to supervision, they were still required to carry out their HSA tasks in the same size of catchment area
- ❑ They had problems of recognition by the fellow HSAs they were supposed to supervise.

11. Finding

Evidence from the field suggests that not all HSAs are using the same sources of information for their monthly reports and that some confusion exists in the way reports should be completed. As a result, the consistency of the data is in doubt.

Recommendation

- The HIS Specialist and project trainers should write a protocol for the completion of the HSA monthly report and each of the other data collection instruments used by community health volunteers. This should include where the information should come from – the specific source/document, how often, how to calculate it, if necessary.
- This protocol should be reviewed with all HSAs during a regular quarterly meeting and modified to reflect reality if necessary.

Checking the statistics should be a part of regular supervision activities of the conducted by trainers of HSAs.

Activities being undertaken:

The data collection forms were developed and were used by HSAs to collect data and monitor during monthly and quarterly supervisions. Most HSAs had problems

with documenting all the activities they had carried out in a month. This problem had not been addressed before the take over of PAL management.

G. REVIEW OF THE DIP PHASE-OUT PLAN

The DIP had issues spelled out that illustrate phase-out plan. Below is a discussion of the steps that have been taken to achieve the targets.

- (i) The structure of volunteers that perform voluntary health activities, Health Surveillance Assistants, Medical Assistants and Nurse midwives, form a solid foundation for sustainability and institutionalization.

Volunteers and HSAs were part of the estate community who were retrenched from Press Agriculture and this poses a challenge to sustainability because the low numbers of volunteers will not adequately provide the required services. Government HSAs who were already overstretched will also not be able to provide adequate services with an increased catchment area.

- (ii) The establishment of the Steering Committee was designed to ensure that the DHO should start and continue giving medical oversight to the medical assistants.

This has worked well this year. The new District Health Officer was providing medical oversight to the estate clinic staff. This is good for sustainability.

- (iii) Training of the MA in HSA supervision is another phase out plan described in the DIP.

The MA will be trained in November 2002 to enable him to function as a HSA supervisor despite his multiple responsibilities since he is the only senior health worker on the ground.

- (iv) Building of Family Planning/Under five clinic shelters is another phase-out strategy. It was envisaged that these structures would help to provide room for Family Planning and under five clinic services.

One shelter was constructed in the third year while a second one was constructed in the 4th year. This has increased the number of outreach sessions. The clinics conduct 8 under five and TTV immunization sessions, 2 Antenatal clinics and 8 Family Planning clinics per month.

- (v) The DIP also listed the development of an exit strategy with the stakeholders.

PAL realized the importance of an exit strategy and agreed to the suggestion of hiring a senior level health person, an additional nurse and Medical Assistant. This however, did not materialize due to persistent economic problems and finally the take over of management by Limbe Leaf.

H. FACTORS THAT POSITIVELY OR NEGATIVELY IMPACTED THE OVERALL MANAGEMENT OF THE PROGRAM

a. Financial Management

A number of factors related to financial management impacted the overall management of the programme as follows:

- i. Fluctuations in the value of the local currency led to the Kwacha losing value resulting in more local money for the same dollar value. Fewer funds were therefore spent.
- ii. The HIV/AIDS add-on activity funds came late. The six months delay in availability of funds also delayed implementation of activities.
- iii. High staff turnover leading to recruitment of new staff delayed start up of HIV /AIDS add-on activities. This further resulted in funds not being used on time.

As a result of the above reasons project funds were under-spent.

b. Human Resources

During the reporting year, there was a very high staff turnover. All the technical staff that were there from the beginning of the programme resigned as follows:

- In addition to the one who had resigned in October 2001, 2 Field Trainers resigned in February 2002 and May 2002
- HIS officer in March 2002
- Programme Manager in September 2002

To replace the staff that had left,

- An IEC Officer was employed in March 2002
- Field trainers were employed 1 in December 2001, 1 in March, 1 in April and 1 in August 2002
- HIS Officer employed in March 2002
- A new Programme Manager was phased in in June 2002 when the original Programme Manager stepped down to wind up his contract.

This high turn over of staff at the height of program implementation impacted the program negatively as a lot time was lost during the orientation phase and substantial institutional memory was lost in the process.

- **Communication**

Generally, communication was effective throughout the year. There was a break in email communication from April to June 2002 due to a computer hardware problem. This resulted in delayed communication with Headquarters and Central office through email.

- **Local Partner relationship**

As mentioned earlier, this project has been implemented in partnership with PAL and Ministry of Health and Population. The Ministry of Health and Population has provided general oversight over all the health activities in Kasungu. The three parties have been meeting quarterly in steering committees. PAL chaired the forum while Project HOPE provided secretarial services.

Supervision of volunteers and HSAs was carried out jointly with Ministry of Health. There was representation of the DHO at official training functions and at quarterly meetings for clinic staff, HSAs and volunteers.

In this congenial relationship, there was provision and sharing of technical and material resources.

- **PVO Coordination/Collaboration**

There has been collaboration with other PVOs e.g. World Vision, Plan International in creating awareness on HIV. The PVOs were invited to the planning workshop for HIV/AIDS activities in June 2002. The meeting was organized to get views and input from PVOs and government departments on how much they could contribute to the district HIV/AIDS implementation plan and their own HIV/AIDS plans and also how they could incorporate VCT and PMTCT . At the end of the meeting three committees: community awareness committee, blood testing and drug issuing committee and, monitoring and evaluation committee were formed. PVOs were elected members of the community awareness committee. The committees performed well in community awareness and monitoring and evaluation. The blood testing committee has not started, awaiting commencement of testing.

I. ANALYSIS OF IMPORTANT ISSUES, SUCCESSES, NEW METHODOLOGY OR NEW PROCESSES

The development of Mother Reminder Materials funded by GlaxoSmithKline to complement community IMCI activities that was commenced in the 3rd year, continued in the 4th year. A consultant was hired to design the pictures of the different danger signs of childhood diseases that should be recognized by mothers/caretakers for their prompt action.

The materials that provide information about danger signs need for timely care seeking, and home management were pre-tested and revised at the comments from pretesting. Currently production of calendars and mirrors is underway and the materials will be distributed for use in people's homes.

The materials will then be monitored for their effectiveness in reducing delays in seeking health care associated with ignorance of signs and symptoms of childhood illnesses.

APPENDIX A

SUMMARY OF ACTIVITIES PLANNED AND THOSE IMPLEMENTED IN THE 4th PROJECT YEAR

| Activities | Accomplishments |
|---|--|
| Health Fairs east and west | Health fairs conducted |
| Drafting of extension proposal for CSMC programme | Extension proposal written |
| Preparing third annual report | Annual report prepared |
| Planning for designing of MRM | MRM designed |
| Design and pretest draft MRM | MRM pretest done |
| Stakeholders meeting on MRM | Not done MRM production not through |
| Refresher training of school drama clubs | All done |
| Supervisory training for HSA supervisors | Done |
| CBDAs (Additional) initial training | Done, 22 CBDAs trained |
| Construction of 2 nd family planning and under five clinic shelter | Done at Estate 87 |
| Quarterly meeting with anti-AIDS clubs | Done |
| Quarterly meeting with headmasters and patrons of schools | Done |
| Quarterly meeting with Estate managers | Three done, one not done due to Press Agriculture shake up |
| Quarterly Steering Committee meetings | Done |
| Quarterly meetings with ORDP/GM managers | Done |
| Quarterly meetings with TFT members | Done |
| Quarterly meetings with CHCs | Done |
| Quarterly meetings with HSAs and Clinic staff | Done |
| Quarterly meetings with CBDAs | Done |
| Quarterly meetings with TBAs | Done |
| Follow up on HIV add on funding and planning for implementation of activities | Done HIV add on activities now in place. |
| Follow up with UNICEF on the Hygiene Education HIV/AIDS advocacy proposal and plan for implementation | Follow up done, implementation not done since UNICEF wanted to use HOPE staff that could not manage due to workload. |
| Supervision to all HSAs and health volunteers | Done |
| Monthly Technical meetings | Done weekly |
| Bi monthly steering committee meetings | Done quarterly |
| TRAINING <ul style="list-style-type: none"> • Training in VCT • Adult/adolescent drama • ORDP Managers refresher • Syndromic case management of STI refresher • Drug Inventory and management | Done Done for both groups Done Done Not done. Planned to be done in the last quarter. Could not be done due to PAL shake up. |

| | |
|--|---|
| <ul style="list-style-type: none"> • TBA Refresher • CBDA refresher • T4T Refresher for HSAs • BCC training for staff • BCC training for HSAs • Training of hospital staff in MTCT | <p>Done</p> <p>Done</p> <p>Not done due to inadequate time for implementation</p> <p>Not done due to lack of capacity</p> <p>Not done due to lack of capacity</p> <p>Done</p> |
| <p>MRM pretest material</p> <p>Develop final MRM material</p> <p>MRM stakeholders meeting</p> | <p>Done</p> <p>In progress</p> <p>Not done MRM production not yet through</p> |
| <p>Distribution of MRM</p> <p>Monitoring use of MRM</p> | <p>Not done. Planned for November, 2002</p> <p>Not done to be done after distribution.</p> |
| Learn to behave workshop | Done |
| Develop a sustainability plan and exit strategy for the programme | Done by a consultant. |
| Orientation of PAL staff on the HIV/AIDS activities and support policies for those with HIV/AIDS | Done |
| Recruit people from faith organizations to provide counseling | Selected and trained |
| Procure HIV test kits | Done |
| Establish VCT, STI, antenatal and family planning services at Tithandizane Center | Old Hostel for the District Hospital under final renovations for this purpose |
| Renovate estate facility to provide maternal services | Maternity unit under construction at one estate clinic |
| Sensitization workshop with press workers on HIV | Done |
| Build maternity unit at estate 81 | In progress |
| <p>Rehabilitation of a hostel into an ANC unit and VCT center</p> <p>Review PAL health budget</p> <p>CHCs Refresher training</p> <p>Annual assessment of HAS skills and creation of professional development plan</p> | <p>Done</p> <p>Done</p> <p>Not done due to inadequate time</p> <p>Not done scheduled for November 2002</p> |
| Link DHMT with PAL for supervision | Done DHO incorporated estate visit Estate clinics for his routine visit. Schedule for the visits drawn and followed. |
| Refresher training for facility based midwives | Not done due to limited capacity |

APPENDIX B**IMMUNIZATION SCHEDULE FOR THE ESTATE CLINICS FOR 2002**

| NAME OF CENTRE | Clinic | Jan | Feb | Mar | Apr | May | June | Jul | Aug | Sep | Oct | Nov | Dec |
|------------------------------|-----------------|---------------------|---------------------------|---------------------------|---------------------------|--------------------------|-------------------------|--------------------------|-------------------------|--------------------------|--------------------------|-------------------------|---------------------------|
| Kasungu west division | Static | 8 22 29 | 5 12 19 26 | 5 12 19 26 | 2 9 16 23 30 | 7 14 21 28 | 4 11 18 25 | 2 9 16 23 30 | 6 13 20 27 | 3 10 17 24 | 1 8 15 22 29 | 5 12 19 26 | 3 10 17 24 31 |
| Kasungu west division | Outreach | 16 24 9 25 | 13 22 7 15 22 | 13 22 8 15 22 | 10 19 5 12 26 | 8 17 3 10 24 | 5 21 6 7 28 | 3 19 5 12 28 | 7 16 2 9 30 | 4 13 6 20 27 | 2 11 4 18 25 | 6 8 1 15 29 | 11 6 4 13 27 |
| Kasungu East division | Static | 9 23 | 6 20 | 6 20 | 3 17 | 8 22 | 5 19 | 10 24 | 7 21 | 4 18 | 9 23 | 6 20 | 4 18 |
| Kasungu East division | Outreach | 17 30 | 14 27 | 14 27 | 11 24 | 16 29 | 13 26 | 18 31 | 15 28 | 12 25 | 17 30 | 14 27 | 12 24 |